U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 15991	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 36 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name William L Goodsich	Name Laborers International Union	
	Labor Organization File Number 200-131	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 905 16th St. NW	Street 905 15th 5t. NW	
City W45h22tor	city Washington	
State DC ZIP Code + 4 20006		
5. Position in labor organization.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	h, or derived income or other economic benefit of	
6. Name and address of Employer (including trade name, if any).	7.3. 7.3. 7.3. 7.3. 7.3. 7.3. 7.3. 7.3.	
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Name		
Name Trade Name, if any:	and the state of t	
	7 h Amount	
Trade Name, if any:	7.b. Amount.	
Trade Name, if any: P.O. Box, Bldg., Room No. if any	7.b. Amount.	
Trade Name, if any:  P.O. Box, Bldg., Room No. if any  Street	7.b. Amount.	
Trade Name, if any:  P.O. Box, Bldg., Roor No. if any  Street	7.b. Amount.	
Trade Name, if any:  P.O. Box, Bldg., Roort No. if any  Street  City  State ZIP Code + 4  15. Signature and verification. The undersigned declares, under pena	Signature  Ilty of Perjury and other applicable penalties of the law, that all of the information inpanying documents), has been examined by the signatory and is, to the best of the	
Trade Name, if any:  P.O. Box, Bldg., Roort No. if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under penasubmitted in this report (including the information contained in any accordance)	Signature  Ilty of Perjury and other applicable penalties of the law, that all of the information inpanying documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing William Goodsich	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	·				
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Ccde + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde					
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value.  14.a. Nature of payment.				
(including trade name, if any).	HOTEL FOR CONFORME				
Name Laborers Cooperatous Trust					
Trade Name, if any:	2-17-04				
P.O. Box, Bldg., Room No., if any	2-20-07				
Street 905 16th St. NW					
city washington.					
State DC ZIP Code + 4 20006					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. 277.95				

Name of Person Filing William Goodrich	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a manufacture of the state of t			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street	C. Employer			
City Land Company of the Company of				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	The second of th			
	M Torrestand to the Manager Sang Sang Sang Sang Sang Sang Sang Sang			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Laborers Employers cooperation T	irust Attended Reception 1-18-09			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	Approximation and Approximatio			
Street 905 6th St. NW				
city Washington DC				
State DC ZIP Code + 4 2000	6			
13.b. Is the Business an Employer or Consultant	7 14.b. Amount of payment. 30.00			

Name of Person Filing William bods (	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	polano,			
Trade Name, if any:	a. Labor Organization  b. Trust			
P.O. Box, Bldg., Room No., If any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	10 h Assault			
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
<ol> <li>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
Name Laborers Health + Sutety	Hud dinner 6-16-04			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any	Company of the Compan			
Street 905 161n St. WW				
city washington				
State D.C ZIP Code + 4 20006				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of paymen:			

Name of Person Filing	File Number U-		
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8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	<del></del>		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name :			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City :	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
	Table 1 Table		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  Had Lunch 10~15-04		
Name Laborers Health + Syfety	Huo coner 10 17 17		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 905 16th 5t, NW			
City Washington			
State			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. [39,13]		

Name of Person Filling Willium GoodCich	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., If any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of Interest held or income received.			
State 2 2IP Code + 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	The second secon			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).  Name DH; DVAILEY Labor(15) LECET	Meal 1-28-04			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 25 Century Blud 5,18 305				
City Naghville				
State TN .: 21P Code + 4 37217				
13.b. Is the Business an Employer	14.b, Amount of paymeni.			

Name of Person Filling William Goodlich		File Number U-		
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8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali	ing.		
Street	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount,	E - Water and a state of the common and a state of the common and		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant  14.a. Nature of payment.				
(including trade name, if any).  Name OH:O VULLEY Laboragers LELET	Meal	6-4-04		
Trade Name, if any:	Bill officery pointings to	44.4		
P.O. Box, Bldg., Room No., if any  Street 25 Century Blud Svite 305  City Nushville  State TN ZIP Code + 4 37217				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	35.20		